

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295048</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/06/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HARMON MEDICAL &amp; REHABILITATION HOSP - SNF</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2170 EAST HARMON AVE LAS VEGAS, NV 89119</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Surveyor: 25282 This Statement of Deficiencies was generated as the result of a Medicare re-certification survey conducted at your facility on 11/5/09-11/6/09, in accordance with 42 CFR Chapter IV Part 483 - Requirements for States and Long Term Care Facilities. The census at the time of the survey was 2. The sample size was 2.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following regulatory deficiencies were identified:			F 000			
F 241 SS=B	483.15(a) DIGNITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Surveyor: 27178 Based on observation and interviews, the facility failed to ensure an environment that maintained residents' dignity and respect for 1 of 2 sample residents (Resident #2).  Findings include:			F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 On 11/5/09 in the morning, Resident #2's Foley catheter bag was observed without a cover hanging from the left side of her bed, making it clearly visible to Resident #2's room mate.  The Foley catheter bag was half way full with yellow urine, and could easily been seen by hospital visitors from the hallway who walked passed Resident #2's room.  On 11/6/09 at 10:15 AM, Employee #1 revealed, the facility provided bags to conceal the contents of Foley catheter bags.  Employee #1 further revealed, the Foley catheter bag should have been covered.	F 241			
F 441 SS=E	483.65(a) INFECTION CONTROL  The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.  This REQUIREMENT is not met as evidenced by: Surveyor: 27178 Based on observation, interview and document review, the facility failed to maintain a safe and sanitary practice to ensure infection control.  Findings include:	F 441			

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F 441	<p>Continued From page 2</p> <p>On 11/6/09 in the morning during a medication pass observation, Employee #2 failed to wash or use a hand sanitizer between resident contact.</p> <p>On 11/6/09 in the morning, Employee #2 gave a subcutaneous injection to Resident #2 with gloves on. Post injection, Employee #4 took off the pair of gloves and moved on to Resident #2's room mate to provide assistance which involved skin contact.</p> <p>On 11/6/09 in the afternoon during treatment observation, Employee #2 gathered dirty linens from Resident #1's bed.</p> <p>The dirty linens were passed on to a CNA (Certified Nurse Assistant) who was in the middle of providing bedside care to Resident #1.</p> <p>Resident #1's privacy curtain was pulled/closed, in which Employee #2 had to open in able to give the dirty linens to the CNA.</p> <p>The CNA then placed the dirty linens inside a clear plastic bag which was on the floor, placed next to Resident #1's bed.</p> <p>On 11/6/09 in the afternoon, interview with Employee #2 revealed, the dirty linen bags were limited and that, they "needed to share."</p> <p>Employee #2 further revealed, she did not realize that she did not wash her hands between resident contact.</p> <p>Policies and Procedures dated 3/2006 revealed, hand hygiene/handwashing was done after patient/resident contact and after removal of</p>	F 441			

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F 441	Continued From page 3 medical/surgical or utility gloves.	F 441			